

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-E**

BOONE MEMORIAL H.L.	HITAL, Madison, W. Va. X-RAY REPORT	E.R.	Hou.	OPD
----------------------------	--	-------------	-------------	------------

Lester, Christopher,	8-30-00	369-6657	OPD
----------------------	---------	----------	-----

Pl Box 1113 Danville WV 25053

FILM #

11417

[REDACTED] 71

Comp

Snyder

Rib AC separation

PROCEDURE: Rib Cage L AC w/ and w/o wt.

REPORT:

INDICATION: A-C SEPARATION

ACROMIOCLAVICULAR JOINTS:

LEFT A-C JOINT:

There is normal appearance of the acromioclavicular joint, seen both with and without weights. There is no evidence for A-C separation or acute fracture.

RIGHT A-C JOINT:

There is normal appearance of the acromioclavicular joint both with and without weights. There is no evidence for A-C separation or acute fracture.

LEFT RIBS:

There is no evidence for acute rib fracture.

JOHN J. ANTON, M.D./lp
8-30-00

69

M.D.

FORM # 56

500688.015.0105

BOONE MEMORIAL HOSI AL. Madison W. Va. X-RAY REPORT E.R. Hou. OPD

LESTER, CHRISTOPHER
PO BOX 21
HEWETT, W.VA. 25108
████████/71
COMMERCIAL

2/5/97 RM # 18

FILM # 11817

DR. ATKINS

CP

PROCEDURE: PORTABLE CHEST █████ US UPPER ABDOMEN 2/5/97

REPORT:

PORTABLE CHEST:

Indication: Chest pain.

Portable view of the chest at 0120 hrs. reveals the heart and mediastinal structures to be within normal limits and the lungs to be free of infiltrates or evidence of edema.

CHRISTOPHER SCHLARB, M.D./crp
2-6-97

ULTRASOUND UPPER ABDOMEN:

Indication: Pain.

Multiple transverse and longitudinal images of the right upper quadrant were obtained. The gall bladder is well seen. There is no evidence of stones, wall thickening, or pericholecystic fluid. The common bile duct is present measuring less than 3 mm., normal. The visualized portion of the liver is unremarkable. The pancreas is incompletely visualized secondary to overlying bowel gas.

IMPRESSION: 1. NO EVIDENCE OF CHOLELITHIASIS.

CHRISTOPHER SCHLARB, M.D./crp
2-6-97

M.D.

BOONE MEMORIAL H.

JAN MADISON, W. Va. X-RAY REPORT E.R. HOU. OPD

LESTER, CHRISTOPHER WAYNE 08-26-96

PO BOX 21 24 [REDACTED] 71 M W M

BENNETT, WV 25108 369-2432

FILM #

11417

EMPLOYER: TRI STATE HOMES COMPENSATION NUMBER 233153340

SS# [REDACTED] 8340

PAIN COCCYX DR. J. SMYDER OPD WR

PROCEDURE:

X RAY COCCYX 08-26-96

REPORT:

COCCYX:

AP and lateral coccyx films demonstrate no acute fractures or other osseous abnormalities.

ROBERT SMITH, M.D./nd
8-27-96

BS
S/b

Robert Smith, M.D.

M.D.

FORM # 56

500688.015.0107



CHRISTOPHER W LESTER
PO BOX 21

HEWETT WV 25108
DOB: [REDACTED]/71 Age: 24 M SS# [REDACTED]-3340
Ref.Phys.: JOHN MARK SNYDER, MD
Date of Service: 08/03/96
Reason: LUMBAR SPINE W/O CONTRAST

* Best scan due to pt. 512x
+ breathing motion
Repetetd Series - Best
No : 19364
Patient ID#: 06690

Status: In-Patient Out-Patient

Hospital:

Fell Twisted Back 8/10/94
LBP into RT. leg & RT. leg
numbness & Tingling
RT. Foot 1
WV WORKERS COMPENSATION 1
RIO KNP

NAME: Lester, Christopher
MR#: MRI
DOB: 08/03/96

DOD: 08/04/96

MRI OF LUMBAR SPINE:

Sagittal and axial images obtained in multiple pulse sequences. There is some patient motion artifact. Vertebral body heights and alignment appear normal. No compression fractures identified. Neural foramina appear patent. Spinal cord ends at L1 level. No disc herniation demonstrable.

RKG/cls
T:08/04/96 7:52 A
Document#:280867

A large, handwritten signature in black ink, appearing to be the initials 'B' followed by a surname.

EXAM BY THE ABOVE SIGNED RADIOLOGIST

Ashton Place Shopping Center
1095 Fledderjohn Road • Charleston, West Virginia 25314
(304) 345-4MRI • (304) 343-0749 FAX

500688.015.0108

APR 01 '00 04:14PM

P.14



(31)61 10151011
HAKVH

PATIENT NAME: LESTER, CHRISTOPHER W
MRN: TMP2001013000180
ORDERING PHYSICIAN: JOHN MARK SNYDER, DO

DOB: [REDACTED] /1971 AGE: 29Y
DATE OF EXAM: 1/30/2001
ROOM: -
SERVICE: OPT

MRI

DATE OF EXAMINATION: 1/30/2001

INDICATIONS FOR PROCEDURE: NUMBNESS LEFT ARM AND HAND, LEFT SHOULDER PAIN.
LIMITED RANGE OF MOTION.

MAGNETIC RESONANCE IMAGING LEFT SHOULDER:
No fracture or dislocation is identified. No evidence of impingement.
Visualized portions of the rotator cuff appear intact. No other
significant findings noted.

IMPRESSION: NO DEFINITE ACUTE PATHOLOGY. NO CONCLUSIVE EVIDENCE OF A
ROTATOR CUFF TEAR.

This document was electronically signed by David Abramowitz, M.D. on
01/31/2001 09:39:47.

DA/gz
Dictated: 01/30/2001 16:30:38
Transcribed: 01/30/2001 19:40:03
Voice Job ID: 283228
Document #: 196280
cc:

ASHTON PLACE SHOPPING CENTER
1095 PLEASANT ROAD • CHARLESTON, WEST VIRGINIA 25314
(304) 345-4MRI • (304) 343-0749 FAX

Page 1

500688.015.0109

03/25/2003 15:50 3699531

MADISON MEDICAL

MADISON MEDICAL, P.L.L.C.
705 MADISON AVE.
MADISON, WV 25130
PHONE# (304)369-5170 FAX# (304)369-1742

34-09-37 02
1-30-01(MJ)

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: St. Francis Hospital
DOCTOR

ADDRESS: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Dr. J Mark Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

NAME: All TO Christopher Lester DATE: 3-25-03

ADDRESS: P.O. Box 1113
Denville, WV 25053

BIRTHDATE: 1-1-71 SSN# 333-3333

SIGNATURE: Chris Lester
(IF RELATIVE STATE RELATION)

WITNESS: Audrina Dacey

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE
THAT DATE.

*If a fee is required for records please pre-bill. The physicians office will not
be responsible for any fees incurred.

RECEIVED: 3/25/03

4-11-03
Smart
DM ①



PATIENT NAME: LESTER, CHRISTOPHER W
MRN: TMP2001013000180
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DOB: [REDACTED] /1971 AGE: 29Y
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Transcribed: 01/30/2001 19:40:03
Voice Job ID: 283228
Document #: 196280
CC:

On
Keep records & file w/
me + Mr. [Signature]

RECEIVED FEB 01 2001

ASHTON PLACE SHOPPING CENTER
1095 FLEDDERJOHN ROAD • CHARLESTON, WEST VIRGINIA 25314
(304) 345-4MRI • (304) 343-0749 FAX

Page 1

500688.015.0111

JAN 31 '01 11:47AM

P.1



PATIENT NAME: LESTER, CHRISTOPHER W
MRN: TMP2001013000180
ORDERING PHYSICIAN: JOHN MARK SNYDER, DO

DOB: [REDACTED] /1971 AGE: 29Y
DATE OF EXAM: 1/30/2001
ROOM: -
SERVICE: OPT

MRI

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Voice Job ID: 283228
Document #: 196280
cc:

A handwritten signature in black ink, appearing to read "David Abramowitz".

ASHTON PLACE SHOPPING CENTER
1095 FLEDDERJOHN ROAD • CHARLESTON, WEST VIRGINIA 25314
(304) 345-4MRI • (304) 343-0749 FAX

Page 1

500688.015.0112

Neurodiagnostics
 Charleston Area Medical Center
 Charleston, West Virginia

General Division 348-6204
 Memorial Division 348-9085
 Women & Children's 348-2636

ELECTROMYOGRAM

PT # 1205395757

Name: Lester, Christopher P.O. Box 1113 Address: Danville, WV	Age: 28	DOB: 7/71	Sex: Male	Room: OP
			Physician: Snyder/Amores	Date: 10/2/00
				EMG# 5735B

STIMULATE	ACTION POTENTIAL AMPLITUDE	<u>CONDUCTION STUDIES</u>	
		CONDUCTION VELOCITY	DISTAL MOTOR LATENCY
(L) Median (record thenar)	4.0 millivolts	50.4 m/sec	2.6 msec.
(L) Ulnar (record hypothenar)	8.0 millivolts	55.5 m/sec	2.1 msec.
STIMULATE	<u>DISTANCE</u>		<u>DISTAL SENSORY LATENCY</u>
(L) Index (record median)	12.1 cm		2.6 msec.
(L) Fifth (record ulnar)	11.0 cm		2.3 msec.
MUSCLE	FIBRILLATION (Positive Sharp Waves)	<u>MUSCLE EXAMINATION</u>	
		PASCHULATION	MOTOR UNITS POTENTIAL
		Minimal	Maximal
(R) Biceps	0	0	normal
(R) Triceps	0	0	normal
(R) Deltoid	0	0	normal
(R) First dorsal Interosseous	0	0	normal
(R) Flexor carpi radialis	0	0	normal
(R) Extensor carpi radialis	0	0	normal

IMPRESSION:

The left median and ulnar motor and sensory conduction studies were normal. The insertion exam was normal.

The Electromyogram was normal. There was no evidence of a carpal tunnel syndrome, ulnar neuropathy, generalized peripheral neuropathy or a focal cervical radiculopathy.

LEE H. PRATT, M.D.

LHP/kjm
Typed 10/04/00 @ 1123

500688.015.0113

OONE MEMORIAL HOSPITAL MADISON, WV 25130				CL.						
PATIENT NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	ON	MODE OF	REGISTRATION DATE	TIME	REGISTERED			
3550										
PATIENT NAME Lester, Christopher W			AGE 30	DATE OF BIRTH 7/1	SEX M	RACE WD	MARITAL STATUS m			
MARITAL ADDRESS PO Box 1113			COUNTY OF RESIDENCE		NOTIFY IN CASE OF EMERGENCY <i>April 1 - wife</i>					
HOME ADDRESS			HOME PHONE 369-6657	EMERGENCY CONTACT'S ADDRESS			STATE	ZIP CODE		
CITY Danville	STATE WV	ZIP CODE 28053	ADMIT TYPE	EMPLOYMENT			PHONE			
FATHER'S NAME (IF MINOR)			ADMIT SOURCE	MOTHER'S NAME (IF MINOR)						
GUARANTOR'S NAME Lester April			PATIENT'S RELATIONSHIP TO GUARANTOR Spouse		EMPLOYMENT STATUS		EMPLOYEE I.D. NO.			
GUARANTOR'S MAILING ADDRESS PO Box 1113			GUARANTOR'S HOME PHONE 369-6657		EMPLOYER'S NAME		EMPLOYER'S PHONE			
GUARANTOR'S HOME ADDRESS Same			GUARANTOR'S SOCIAL SECURITY NO.		EMPLOYER'S LOCATION: STREET, CITY, STATE, AND ZIP CODE					
GUARANTOR'S CITY Danville			STATE WV	ZIP CODE 28053	GUARANTOR NO.		SPOUSE INFO			SOCIAL SECURITY NO.
GUARANTOR'S EMPLOYER'S NAME			GUARANTOR'S EMPLOYER'S PHONE		NAME		ADDRESS			RES. PHONE
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE Boone Co Dev Aut.					EMPLOYMENT					JOB PHONE
PRIMARY INS. CO. NAME PEIA/Acordia			POLICY HOLDER Lester, April		INSURED RELATION Spouse		POLICY NO. 335089969			
GROUP POLICY NAME			GROUP POLICY NO. 7770	COMMENTS						
SECONDARY INS. CO. NAME			POLICY HOLDER		INSURED RELATION		POLICY NO.			
GROUP POLICY NAME			GROUP POLICY NO.	COMMENTS						
TERTIARY INS. CO. NAME			POLICY HOLDER		INSURED					
GROUP POLICY NAME			GROUP POLICY NO.	COMMENTS						
MEDICARE NO.			MEDICAID NO.	LAST T.T.	LMP	PARITY	WT.			
ALLERGIES			PVT M.D.							
HIEP COMPLAINT Found lying garage-head + legs hurt										
R.M.D.										

PHARMACY

- / Start Pack
- Clear Cath
- Loop
- Ump Set (Non-Filtered)
- Ump Set (W/Filter)
- Ump Charge
- Control A Flow
- Secondary Set
- Ented Sol Set (Micro-Drip)
- Blood Set
- Interlink Inj Site
- Irrigation Cap
- Spike Adapter
- Type Adapter Set
- Other _____

CENTRAL SUPPLY

- Pelvic Exam
- Rectal Exam
- Laceration (Minor)
- Laceration (Major)
- Urinalysis—Mid Stream, Fem. Cath, St. Cath
- Foley Tray
- Eye Irrigation
- O2
- Nebulizer Tx
- GI or OD
- Burn
- Other _____

500688.015.0114

BOONE MEMORIAL HOSPITAL MADISC VV 25130

CLINIC
Nursing Progress Notes

CHART COPY

3

After discharge care sheet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time Out	446	DIAGNOSTIC IMPRESSION	① Neurological disorder ② Changes
Course of Patient in Emergency Dept:	<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Unimproved <input type="checkbox"/> Expired				
Condition On Discharge:	<input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor	Discharge Discharge		PLAN/TREATMENT:	
Disposition of Case:	<input type="checkbox"/> Admitted <input checked="" type="checkbox"/> Transferred <input type="checkbox"/> Home <input type="checkbox"/> Other				
REFERRED TO DR:	NURSE SIGNATURE				
DISCHARGE CONDITION		DOCTOR SIGNATURE		Referred and to send back Discharged with instructions Accepts my signature Dr. [Signature]	
PATIENT NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION	PLACE OF ARRIVAL / REGISTRATION DATE	
PATIENT NAME		AGE	DATE OF BIRTH	SEX	RACE
Lester, Christopher W.		30	7/1/71	Male	White
MAILING ADDRESS		COUNTY OF RESIDENCE		NOTIFY IN CASE OF EMERGENCY	
PO BOX 1113					
HOME ADDRESS		HOME PHONE		EMERGENCY CONTACT'S ADDRESS	
Donville		3809-16657			
CITY	STATE	ZIP CODE	ADMIT TYPE	EMPLOYMENT	
Donville	WV	25053	4		
FATHER'S NAME (IF MINOR)		ADMIT SOURCE		MOTHER'S NAME (IF MINOR)	

500688.015.0115

B. ONE MEMORIAL HOSPITAL - ER, HC

Patient Name:	Long, Chris
DOB:	1/1/71
O2 Saturation:	96%

Arrived By:	AM
Triage Time:	9:46 AM
Date:	7/28/02
Allergies:	W.E.D.A.
Family Physician:	Snyder
Dr. Notified:	

TRIAGE

BP	140/100	T	98.7	P	98	Resp.	Norm	Slow	Labored	Rapid	Apneic	Stridor	Shallow	Wt.
----	---------	---	------	---	----	-------	------	------	---------	-------	--------	---------	---------	-----

Chief Complaint: Headache in throat, C/O right side head hurting last night - leg cramps during morning

Wound Assessment (if applicable)	0	1	2	3	4	5	6	7	8	9	10	
Onset: 11:40 AM	Pain Scale:	1	2	3	4	5	6	7	8	9	10	
Triage Level:	Emergent			Urgent			Non-Urgent					
Disposition	Waiting Room			Exam Room			Time:					

Denise J. Pritchard

Triage Nurse Signature

ASSESSMENT

Color	Normal	Pale	Dusky	Cyanotic	Moist
Skin	Warm	Dry	Hot	Cool/Cold	Clammy
Breath Sounds:	Clear	Wheezing	Rales	Rhonchi	
Mental Status:	Diminished	Congested	Other:		
Mobility:	Alert	Oriented	Confused	Unresponsive	Lethargic
Ambulatory	W/C Confined	Stretcher	Crawls	Unsteady Gait	Assistive Device
Daily Meds					
Medication	Route/Freq.	Medication	Route/Freq.	Medication	Route/Freq.
Dyconex 40mg	1-3x d				
Effexor XR 150mg	1-2x d				
Acetaminophen 500mg	1-3x d				
Flaxeril 10mg	1-3x d				

Dates of Last Exams/Injections:

Mamo	Rectal Exam	Pneumonia	LMP
Pap/Pelvic	Tetanus Convalescent	PPD/Tine	Other:
Grav. Para A	Flu	Up to Date	

Glasgow Coma Scale (GCS) 14				
Adult		Pediatrics		
Spontaneous	4	Eye Opening	Spontaneous	4
Voice	3		Voice	3
Pain	2		Pain	2
None	1		None	1
Obey	6	Motor Response	Norm. Spont. Mvmt.	6
Localizes Pain	5		Withdraws from touch	5
Withdraws to Pain	4		Withdraws from Pain	4
Flexion	3		Abnormal Flexion	3
Extension	2		Abnormal Extension	2
None	1		None	1
Oriented	5	Verbal Response	Coos, babbles	5
Confused	4		Irritable/Cries	4
Inappropriate	3		Cries to Pain	3
Incomprehensible	2		Moans to Pain	2
None	1		None	1

Health & Social History P - Personal
F - Family
(Check all that apply)

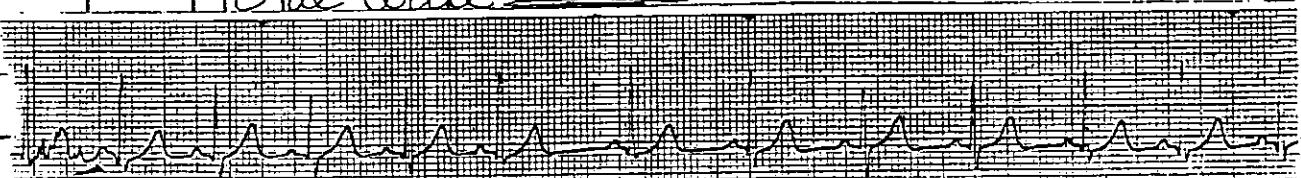
P	F	P	F
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diabetes	Heart Attack
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Artery Disease	Alcohol
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cancer	Tobacco
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High Blood Pres.	Drugs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stroke	Caffeine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drunk Driving	Other:
			Advanced Directive

Surgeries: Denies

Nurse Signature: Denise J. Pritchard

Chris Lester

Boone Memorial Hospital
Nurses Notes

Date	Time	
7/23/02	1P	30 yr male to ER with complaint of drawing at right side of mouth and tingling & weakness of right ↑ & l. extremity - pupils R=R - speech slightly slurred but pt responding appropriately - 140/70 - 98-13 140/70 - Family unsure of level of consciousness NS - Normal Saine per # 18 L hand (u)
	2P	pts speech more clear. still complains of "needles & pin" numbness - 136/86 - 72-18 - To CT p # 116 Foley inserted (u)
	3P	AAO - pupil R=R - still d/o heaviness (u) extenuates - IV patent & infusing to clear site (u)
	345P	monitor shows - O ₂ cont @ 3LPM O ₂ Sat 97% - skin w/ D/P - 126/70 72-18 - AAO - pupils R=R - no further asymmetry of face - total IV <u>1500</u> total were <u>1850</u>
		

*Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results*

LAB MISCELLANEOUS
REQUISITION AND CHARGE TICKET

LAB IN	7/28/02	LAB OUT	ORDERED BY: #4	WRITTEN BY: DHP
Lester, Chris DOB: [REDACTED] 71 POB: 113 DeWitt			<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME DATE AND TIME TO BE DONE: 7/28/02 COLLECTED BY: [REDACTED] DATE AND TIME: [REDACTED]	
			COMPLETED BY TECHNICIAN: [REDACTED] DATE AND TIME COMPLETED: [REDACTED]	
			COMMENTS: [REDACTED]	LAB NO.: [REDACTED]
EXAMINATION REQUESTED: F335 (STAT) 120 mg/1dl SPECIMEN: [REDACTED] RESULTS: [REDACTED]				

Normall 70-105 mg/1dl

12/64
LAB MISCELLANEOUS
BOONE MEMORIAL HOSPITAL, MADISON, WV
CHART

*Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results*

LAB MISCELLANEOUS
REQUISITION AND CHARGE TICKET

LAB IN	7/28/02	LAB OUT	ORDERED BY:	WRITTEN BY:
Lester, Chris	-3340		<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME	DATE AND TIME TO BE DONE: COLLECTED BY patient DATE AND TIME
DOB - 61			COMPLETED BY TECHNICIAN <i>Gillen</i>	DATE AND TIME COMPLETED
			COMMENTS	LAB NO. <i>72002254</i>
EXAMINATION REQUESTED: <i>trauma liver Triage</i> SPECIMEN:				

RESULTS:	PCP - neg	THC - neg
	BZO - neg	OPI - neg
	COC - neg	BAR - neg
	AMP - neg	TCA - neg

12/84
LAB MISCELLANEOUS
BOONE MEMORIAL HOSPITAL, MADISON, WV
CHART

500688.015.0119

JUL-28-2000 14:52

AMERICAN FAX

701 Madison Ave.
Madison, WV 25330
Phone: (304) 368-4250 ext 212
Fax: (304) 368-2891

Boone Memorial
Hospital

Fax

To:	CAMC-General	From:	Radiology Department
Page:	369-2601	Date:	
Phone:		Pages:	
Re:	Stat Reading Dr. Dyer	cc:	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Forward <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

Comments

Christopher Heater - age 31

- * CT head
 - * Collapse at home
 - LT side of face drawn
 - * Please fax report back
- Thanks*

Probable old infarct (?) basal
ganglia. No acute infarct/b hemorrhage.

JAW

TOTAL P.01

500688.015.0121

07/28/2002
13:26:59
PAGE 1



BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON, WV 25130
13859-0118

=====

Name: LESTER, CHRIS	Sample ID: 7-2002-2521
Patient ID: [REDACTED] 3340	Sample Type: Serum
Date of Birth: [REDACTED] 1971	Doctor: DY
Age: 30	Collection Date/Time: 07/28/2002 01:06 AM
Sex: M	Run Date/Time: 07/28/2002 13:17 PM
Location: RHC	Rack/Pos/Rep: 452/1/1
Pat. Comment:	
Sample Comment:	
Dilution:	

=====

Chemistry	Results	Units	Reference Range	Remarks
NA	138	mmol/L	135 - 145	
K	3.7	mmol/L	3.6 - 5.0	
CL	104	mmol/L	101 - 111	
CO2	30	mmol/L	21 - 31	
GLUC _{mg}	117	mg/dL	70 - 105	HIGH
BUN _{mg}	12	mg/dL	7 - 18	
CRE _{mg}	0.9	mg/dL	0.6 - 1.3	
CALC	9.0	mg/dL	8.4 - 10.2	
TBIL	0.7	mg/dL	0.2 - 1.2	
TP _{g/dL}	6.2	g/dL	6.1 - 7.9	
ALB _{g/dL}	3.5	g/dL	3.5 - 4.8	
ALT	57	IU/L	10 - 60	
AST	28	IU/L	10 - 42	
ALP	69	IU/L	42 - 121	

Calculated Values	Results	Units
OSMOLALITY(1)	276.5	mOsm/L
ANION GAP(2)	7.7	mmol/L
A/G RATIO	1.3	
BUN/CREA RATIO	13.3	

Instrument Codes

Bronze Memorial Hospital

Dept:

Room:

Oper:

07/28/2002 13:12:02

Jester, Chis

Rx:

DX:

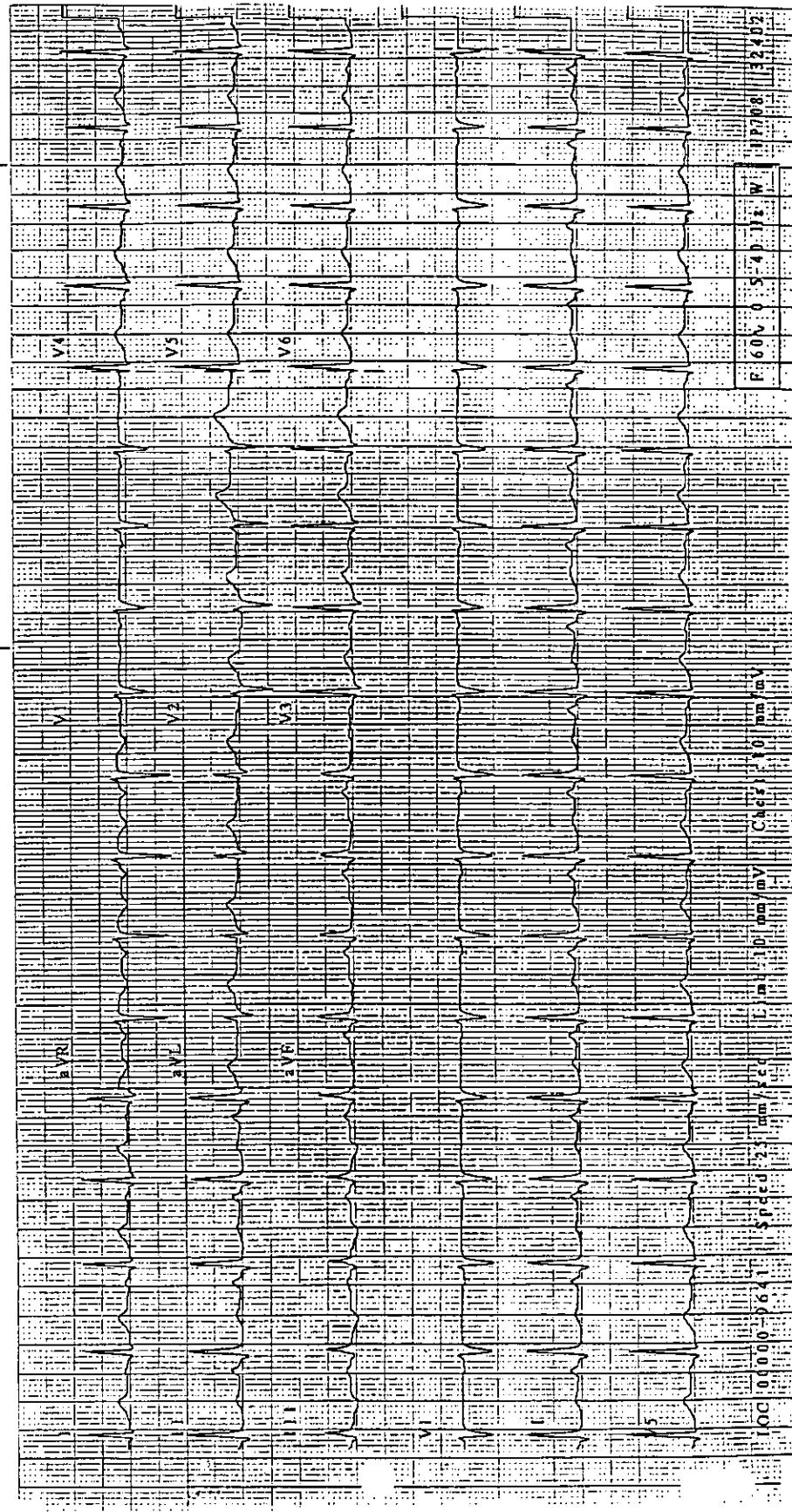
Rate 104 Sinus tachycardia, rate 104
 PR 141 Non-specific inferior T abnormalities.....
 QRS 86
 QT 329
 QTc 433

--AXIS--

P	74
QRS	59
T	-5

- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW



500688.015.0123

BOONE MEMORIAL HOSPITAL – ER/RHC

Patient Name: Christopher Lester

Addressograph

54

-Arrived By:

Triage Time:

Date:

Allergies:

Family Physician:

Dr. Notified:

Class

6449

~~2902~~
~~UICSA~~

Snyder

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TRIAG

BP 140/94 T 98^R P 68 Resp. 16 Norm Slow Laboried Rapid Apnea Stridor Shallow 295
Chief Complaint: not intubating enough, life going out old back injury.

Wound Assessment (if applicable)

Wound Assessment (if applicable)



Comfort Level:

Onset:	<u>Friday</u>	Pain Scale:	1	2	3	4	5	6	7	8	9	10
Triage Level:		Emergent		Urgent							Non-Urgent	
Disposition		Waiting Room		Exam Room						Time:		

ASSESSMENT

Lorissa J. Fletcher Triage Nurse Signature

Color	Normal	Pale	Dusky	Cyanotic	Moist
Skin	Warm	Dry	Hot	Cool/Cold	Clammy
Breath	Clear	Wheezing	Rales	Rhonchi	
Bounds:	Diminished	Congested	Other:		
Mental Status:	Oriented	Confused	Unresponsive	Lethargic	Comatose
Mobility:	Ambulatory	W/C Confined	Stretcher	Crawls	Unsteady Gait
					Assistive Device

Daily Meds

Medication	Route/Freq.	Medication	Route/Freq.	Medication	Route/Freq.
Teklor ER 150 mg Topiramate 50 mg Hydroxyzine 50 mg Flexeril 10 mg OxyContin 40 mg	1-2x/d Tds P-3x/d 3x/d 1-3x/d	✓	✓	Lorazepam	1-2x/d

Dates of Last Exams/Injections:

Mamo	Rectal Exam	Pneumonia	LMP
Pap/Pelvic	Tetanus <i>Campy 4/5</i>	PPO/Tina	Other:
Grav. Para A	Flu <i>100% 01</i>	Up to Date	

		Glasgow Coma Scale (GCS)	Pediatrics
Adult			
Spontaneous	4	Eye Opening	Spontaneous
Voice	3		Voice
Pain	2		Pain
None	1		None
Obey	6	Motor Response	Norm. Spont. Movmt.
Localizes Pain	5		Withdraws from Touch
Withdraws to Pain	4		Withdraws from Pain
Flexion	3		Abnormal Flexion
Extension	2		Abnormal Extension
None	1		None
Oriented	8	Verbal Response	Cools, Dabbles
Confused	4		Irritable/Cries
Inappropriate	3		Cries to Pain
Incomprehensible	2		Moans to Pain
None	1		None

Health & Social History				P - Personal	F - Family
(Check all that apply)					
P	F	P	F		
<input checked="" type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	Heart Attack		
<input checked="" type="checkbox"/>	Artery Disease	<input checked="" type="checkbox"/>	Alcohol	Yes	No
<input checked="" type="checkbox"/>	Cancer	<input checked="" type="checkbox"/>	Tobacco	Yes	No
<input checked="" type="checkbox"/>	High Blood Pres.	<input checked="" type="checkbox"/>	Drugs	Yes	No
	Stroke	<input checked="" type="checkbox"/>	Caffeine	Yes	No
		<input checked="" type="checkbox"/>	Other:		
Surgeries: <u>Reflux</u>					

Nurse Signature: Deborah Hartland

**Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results**

**ROUTINE URINALYSIS
REQUISITION AND CHARGE TICKET**

LAB TESTS		LAB OUT	
PATIENT NUMBER 17720075	DATE OF SERVICE 10/03/02	ORDERED BY:	WRITTEN BY:
PATIENT NAME LISTER CHRISTOPHER	364-6657	<input type="checkbox"/> ASAP <input type="checkbox"/> STAY <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME	
ADMISSION NUMBER PO BOX 1113	AGE: 35 GENDER: M PATIENT	DATE AND TIME TO BE DONE	COLLECTED BY ER DATE AND TIME 10/25/2002
3340	PEL	COMPLETED BY TECHNICIAN JR	DATE AND TIME COMPLETED 10/25/2002
<input checked="" type="checkbox"/> Routine Urinalysis <input type="checkbox"/> Macroscopic Only		<input type="checkbox"/> CLEAN CATCH <input checked="" type="checkbox"/> VOIDED <input type="checkbox"/> CATH	LAB NO. 2002-2213
Test Name	Results	Reference Range	Results
Color:	Yellow		RBC/HPF 2-3
Appearance:	Clear		WBC/HPF 2-3
Specific Gravity	1.020	1.010 - 1.020	Epithelial Cells /HPF
pH	5.0	5.0 - 7.5	
Glucose	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Bacteria
Bilirubin	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Mucus
Ketone	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Crystals
Blood	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Casts/LPF
Protein	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Other
Urobilinogen	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	≤ 1.0	
Nitrite	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	<input type="checkbox"/> Menses
Leukocytes	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	<input type="checkbox"/> Cultured per protocol

ROUTINE URINALYSIS
CHART
BOONE MEMORIAL HOSPITAL, MADISON, WI

500688.015.0125

Boone Memorial Hospital, Madison, W. Va.
HEMATOLOGY

LAB IN			
PATIENT NUMBER	DATE OF SERVICE		
PATIENT NAME			
ROOM NUMBER	AGE	SEX	<input type="checkbox"/> OUTPATIENT
PHYSICIAN	<input type="checkbox"/> MEDI-OVER <input type="checkbox"/> DPA <input type="checkbox"/> MEDI-UNDER <input type="checkbox"/> OTHER		

2/25/02 20:04:47
Completed By XC
Collected By JR
Site & Time 2-25-02 8:00

Boone Mem. Hospital
791 Madison Ave.
Madison, WV

304-369-1230

LAB OUT		
ORDERED BY:	WRITTEN BY:	
<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME		
DATE / TIME TO BE DONE	COLLECTED BY	DATE AND TIME
COMPLETED BY TECH		DATE AND TIME COLLECTED



Date of Birth [REDACTED] 1971 Sex M
Completed By XC Location RHC
Collected By JR Physician LOPEZ
Site & Time 2-25-02 8:00 Date & Time 02/25/02 20:00

SAMPLE PROCESSED	DIFF %	ABSOLUTE	HEMogram
1	RBC	9.6	RBC 5.92
2 LESTER, CHRISTOPHER	NE	1	HGB 16.5
Sequence #	NE	58.3	HCT 49.0
ATE: 02/25/02	LY	5.6	MCV 84.1
IME: 20:04:46	LY	29.1	MCH 28.3
Spec/Pos 008402	EO	0.7	MCHC 33.7
Normal WBC Pop	EO	4.1	RDW 11.5-14.5
Normal RBC Pop	BA	0.4	PLT 130-400
Normal PLT Pop	BA	0.1	MPV 7.4-10.4
			PLT 354
			MPV 7.4

NORMAL VALUES	
WBC	4.5-10.0 $\times 10^3$
RBC	M 4.7-6.1 F 4.2-5.4 $\times 10^6$
HGB	M 14-18 F 12-18 g/dL
HCT	M 42-52 F 37-47 %
MCV	M 80-94 F 81-99 IL
MCH	27-31 pg
MCHC	32-36 g/dL
RDW	11.5-14.5 %
PLT	130-400 $\times 10^3$
MPV	7.4-10.4 IL
NE%	40.7-81.5 %
BAND	0.0-6.0 %
LY%	16.8-44.4 %
MO%	2.3-13.1 %
EO%	0.5-5 %
BA%	0.0-3.4 %
NE	2.0-7.2 $\times 10^3$
LY	0.7-3.5 $\times 10^3$
MO	0.2-1.0 $\times 10^3$
EO	0.0-0.4 $\times 10^3$
BA	0.0-0.3 $\times 10^3$

MANUAL DIFFERENTIAL %		MORPHOLOGY
SEGMENTED NEUTROPHIL		1. SLIGHT 2 - MOD 3 - MARKED
BAND		1 2 3
LYMPHOCYTE		ANISOCYTOSIS
MONOCYTE		MICROCYTOSIS
EOSINOPHIL		MACROCYTOSIS
BASOPHIL		HYPOCRIMIA
METAMYELOCYTE		POLYCHROMASIA
MYELOCYTE		PORPHYROCYTOSIS
PROMYELOCYTE		BASOPHILIC STIPPLING
BLAST		TOXIC GRANULATION
VARIANT LYMPHOS		
	PLT POP	
	LARGE PLATELETS	
	PLT CLUMPS PRESENT	
PLT APPEARS	INCREASED	
	DECREASED	
	NORMAL	
AUTO DIFF. VERIF. BY	KC	
MAN. DIFF. VERIF. BY		
	NORMAL	PATENT
PROTHROMBIN TIME	10.0-13.2 Sec.	Sec Min
(APTT) ACTIVATED PART THROMBOPLASTIN	23.7-38.9 Sec.	Sec Min
BT. Time	1-4 Min.	Min Sec
Clothing Time	5-8 Min.	Min Sec
INTERCLOTTE COUNT	ADULT 0.5-1.5% NEWBORN 2.5-6.5%	
SED. RATE	MALE - 50 YD - 5-15 mm/hr - 40 YD - 5-20 mm hr FEMALE - 50 YD - 5-20 mm hr - 54 YD - 5-30 mm hr	

COMPLETED BY KC DATE AND TIME 2-25-02 8:00pm

COMMENTS: _____

COMMUNICATED:

TO: _____

ATE: _____ TIME: _____

CHART COPY

500688.015.0126

25 Feb 02
20:08:27
PAGE 1

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON W.V. 25130

=====

NAME: LESTER, CHRISTOPHER	SAMPLE ID: 2-2002-2213
PATIENT ID: 2-2002-2213	SAMPLE TYPE: Serum
AGE: 30 years	DOCTOR: LOPEZ
DATE OF BIRTH: [REDACTED] 71	DRAW DATE/TIME: Feb 25 02 7:49 Jm
SEX: M	RUN DATE/TIME: Feb 25 02 20:05
LOCATION: RHC	SEC/CUP/REP: 7/4
PAT. COMMENT:	
SAMPLE COMMENT:	
INST CODES:	

=====

CHEMISTRY	RESULTS	UNITS	REFERENCE RANGE	REMARKS
Na	134.6	mmol/L	135.0 - 145.0	LOW
K	3.55	mmol/L	3.60 - 5.00	LOW
Cl	100.5	mmol/L	101.0 - 111.0	LOW
CO ₂	31.7	mmol/L	21.0 - 31.0	HIGH
GLU-	96	mg/dL	70 - 105	
BUN-	9	mg/dL	7 - 18	
CRE-	1.0	mg/dL	0.6 - 1.3	
CA-	9.2	mg/dL	8.4 - 10.2	

CALCULATED VALUES	RESULTS	UNITS	REFERENCE RANGE	REMARKS
OSMOLALITY (1)	267.9	mOsm/L	* - *	
ANION GAP (2)	5.9		* - *	

2/25/02
Jm
CLM

BOONE MEMORIAL HOSPITAL MADI. I, WV 25130

CHART COPY

EMERGENCY DEPARTMENT Nursing Progress Notes

EKG INTERPRET

LAB RESULTS	CHEM 6	CK	CKMB	LDH	ABG	pH / pCO ₂ / PO ₂
OTHER	K+ = 3.56 CO ₂ = 31.2	165 94.7	URINALYSIS: SG _____ CHEM _____	WBC 2-7 RBC 2-3 BACTERIA _____ NITRITE _____		
	50.3 49.0	29.1				

Discharge Instructions:

Discharge Instructions:	After discharge care sheet:			
<i>Best Rest; Encourages and Allows Gentle Daily Activities Pain: As Required & By Doctor</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Time Out	
In Emergency Dept:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Unimproved	<input type="checkbox"/> Expired	
Condition On Discharge	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Poor
Disposition of Case	<input type="checkbox"/> Admitted	<input type="checkbox"/> Transferred	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Other

REFERRED TO

NURSE SIGNATURE

DIAGNOSTIC IMPRESSION

DISCHARGE CONDITION

DOCTOR

21

PATIENT NO 0720076	MEDICAL RECORD NO. 000104551	FINANCIAL TYPE PEIA	RELIGION OTHER	MODE OF ARRIVAL	REGISTRATION DATE 02/25/02	TIME 18:46	REGISTERED BY WR
PATIENT NAME LESTER CHRISTOPHER WAYNE		AGE 30	DATE OF BIRTH 7/1	SEX MALE	RACE WHITE	MARITAL STATUS MARRIED	SOCIAL SECURITY NO. 334
MAILING ADDRESS PO BOX 1113		COUNTY OF RESIDENCE BOONE		NOTIFY IN CASE OF EMERGENCY LESTER CHARLES (DAD)		RELATIONSHIP DEGT	
HOME ADDRESS 304-309-6657		HOME PHONE 304-309-6657		EMERGENCY CONTACT'S ADDRESS		STATE	ZIP CODE
CITY DANVILLE	STATE WV	ZIP CODE 25053	ADMIT TYPE EMERGENCY	EMPLOYMENT DISABLED	PHONE		
FATHER'S NAME (IF MINOR)		ADMIT SOURCE		MOTHER'S NAME (IF MINOR)			

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PATIENT			MEDICAL RECORD NO. 0720076		FINANCIAL TYPE PEIA	RELIGION OTHER	MODE OF ARRIVAL 02/25/02	REGISTRATION DATE 18:46	TIME REGISTERED WR		
PATIENT NAME LESTER CHRISTOPHER WAYNE			AGE 30	DATE OF BIRTH 7/1	SEX MALE	MARITAL STATUS MARRIED	SOCIAL SECURITY NO. 334				
MAILING ADDRESS PO BOX 1113			COUNTY OF RESIDENCE BOONE		NOTIFY IN CASE OF EMERGENCY LESTER CHARLES(DAD)			RELATIONSHIP DEBT			
HOME ADDRESS			HOME PHONE 304-369-6657		EMERGENCY CONTACT'S ADDRESS			STATE	ZIP CODE		
CITY DANVILLE		STATE WV	ZIP CODE 25053	ADMIT TYPE EMERGENCY	EMPLOYMENT DISABLED			PHONE			
FATHER'S NAME (IF MINOR)			ADMIT SOURCE EMER ROOM		MOTHER'S NAME (IF MINOR)						
GUARANTOR'S NAME LESTER APRIL CARROLL			PATIENT'S RELATIONSHIP TO GUARANTOR SPOUSE		EMPLOYMENT STATUS FULL TIME	EMPLOYEE I.D. NO.					
GUARANTOR'S MAILING ADDRESS PO BOX 1113			GUARANTOR'S HOME PHONE 304-369-6657		EMPLOYER'S NAME BOONE CO DEVELOPMENT AUT	EMPLOYER'S PHONE					
GUARANTOR'S HOME ADDRESS			GUARANTOR'S SOCIAL SECURITY NO. 9969		EMPLOYER'S LOCATION: STREET, CITY, STATE, AND ZIP CODE						
GUARANTOR'S CITY DANVILLE		STATE WV	ZIP CODE 25053	GUARANTOR NO. 0015830	SPOUSE INFO			SOCIAL SECURITY NO.			
GUARANTOR'S EMPLOYER'S NAME BOONE CO DEVELOPMENT AUT			GUARANTOR'S EMPLOYER'S PHONE		NAME						
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE					ADDRESS			RES. PHONE			
					EMPLOYMENT			JOB PHONE			
PRIMARY INS. CO. NAME PEIA/ACORDIA			POLICY HOLDER LESTER CHRISTOPHER W SR			INSURED RELATION SELF	POLICY NO. 235089969				
GROUP POLICY NAME PEIA		GROUP POLICY NO. 7770		COMMENTS							
SECONDARY INS. CO. NAME			POLICY HOLDER			INSURED RELATION	POLICY NO.				
GROUP POLICY NAME		GROUP POLICY NO.		COMMENTS							
TERTIARY INS. CO. NAME			POLICY HOLDER			INSURED					
GROUP POLICY NAME		GROUP POLICY NO.		COMMENTS							
MEDICARE NO.		MEDICAID NO.		LAST T.T.	LMP	PARTY	WT. 295 lbs				
ALLERGIES None					TRIAGE 1 □ 2 □ 3 □ 4 □						
CHIEF COMPLAINT URINE OUTPUT, LEGS WEAK											
LOPEZ CAR ER M.D.		PVT M.D. Foydner		ER M.D. EVAL. <i>Aug 20</i>	TIME: <i>1404</i>	BP: <i>88</i>	P: <i>162</i>	R: <i>98</i>	T: <i>84</i>	DOB: <i>10/26/2000</i>	PAIN: <i>1</i>
TIME NOTIFIED		TIME NOTIFIED		TIME: <i>7:20pm</i>							
NURSING ASSESSMENT		MEDICINES									
INT											
PHYSICAL HISTORY: D dictated					ROS	PHYSICAL EXAM					
<i>30 yrs, w, white</i>					DERM <input checked="" type="checkbox"/>	<i>Fully covered, no rashes</i>					
<i>Appropriate for age</i>					GU <input checked="" type="checkbox"/>	<i>Abdomen, firm</i>					
<i>2/26/2000 4pm today</i>					GI <input checked="" type="checkbox"/>	<i>Colorectal, firm</i>					
					COP <input checked="" type="checkbox"/>	<i>respiratory, clear, non</i>					
					RESP <input checked="" type="checkbox"/>	<i>good, no wheezing or crackles</i>					
					ENT <input checked="" type="checkbox"/>	<i>Throat - normal</i>					
					MUSC <input checked="" type="checkbox"/>	<i>abdominal - normal</i>					
					NERV <input checked="" type="checkbox"/>	<i>neuro - normal</i>					
					OPHTH <input checked="" type="checkbox"/>	<i>Eyes - good visual acuity</i>					
					<i>Cardiovascular - normal</i>						
					<i>Liver - normal</i>						
					<i>Urinary tract - normal</i>						
					<i>Genitalia - normal</i>						
					<i>Rectal exam - normal</i>						
					<i>Abdominal palpation - normal</i>						
					<i>Abdominal auscultation - normal</i>						
					<i>Abdominal x-ray - normal</i>						
					<i>Urinalysis - normal</i>						
					<i>Breast exam - normal</i>						
					<i>Obstetric history - normal</i>						
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SMART COPY

THE EARTH. 82

FEB-26-2002 14:08		BOONE MEMORIAL ER/RHC		384 369 1255	P.02/08						
1720076 000104551 PEIA		EXCLUSION OTHER		MODE OF ARRIVAL 02/25/02	REGISTRATION DATE 18:46						
PATIENT NAME LESTER CHRISTOPHER WAYNE		AGE 30	DATE OF BIRTH /71	SEX MALE	MARITAL STATUS WHITE MARRIED						
MAILING ADDRESS PO BOX 1113		COUNTY OF RESIDENCE BOONE		NOTIFY IN CASE OF EMERGENCY LESTER CHARLES (DAD)							
HOME ADDRESS		HOME PHONE 304-369-6657		RELATIONSHIP DEBT							
CITY DANVILLE		STATE WV	ZIP CODE 25053	ADMIT TYPE EMERGENCY	EMPLOYMENT DISABLED						
FATHER'S NAME (IF MINOR)		ADMIT SOURCE EMER ROOM		MOTHER'S NAME (IF MINOR)							
GUARANTOR'S NAME LESTER APRIL CARROLL		PATIENT'S RELATIONSHIP TO GUARANTOR SPOUSE		EMPLOYMENT STATUS FULL TIME	EMPLOYEE I.D. NO.						
GUARANTOR'S MAILING ADDRESS PO BOX 1113		GUARANTOR'S HOME PHONE 304-369-6657		EMPLOYER'S NAME BOONE CO DEVELOPMENT AUT							
GUARANTOR'S HOME ADDRESS		GUARANTOR'S SOCIAL SECURITY NO. 9969		EMPLOYER'S LOCATION: STREET, CITY, STATE, AND ZIP CODE							
GUARANTOR'S CITY DANVILLE		STATE WV	ZIP CODE 25053	SPOUSE INFO NAME ADDRESS EMPLOYMENT							
GUARANTOR'S EMPLOYER'S NAME BOONE CO DEVELOPMENT AUT		GUARANTOR'S EMPLOYER'S PHONE		SPOUSE INFO NAME ADDRESS EMPLOYMENT							
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE				SPOUSE INFO NAME ADDRESS EMPLOYMENT							
PRIMARY INS. CO. NAME PEIA/ACORDIA		POLICY HOLDER LESTER CHRISTOPHER W SR		INSURED RELATION SELF	POLICY NO. 235089969						
GROUP POLICY NAME PEIA		GROUP POLICY NO. 7770		COMMENTS							
SECONDARY INS. CO. NAME		POLICY HOLDER		INSURED RELATION	POLICY NO.						
GROUP POLICY NAME		GROUP POLICY NO.		COMMENTS							
TERTIARY INS. CO. NAME		POLICY HOLDER		INSURED							
GROUP POLICY NAME		GROUP POLICY NO.		COMMENTS							
MEDICARE NO.		MEDICAID NO.		LAST T.T.	LMP	PARITY	WT. 295 lb				
ALLERGIES <i>N/A</i>		ER/AMBULATORY OUTPUT: LEGS WEAK		TRIAGE		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		
LUFEC : CAR M.D.		PVT M.D. <i>Faygo</i> ER M.D. EVAL <i>Chay</i>		TIME: <i>7:10pm</i>	BP: <i>140/88</i>	P: <i>116</i>	R: <i>96</i>	T: <i>98.2</i>	O2S: <i>94</i>		
TIME NOTIFIED		TIME NOTIFIED		TIME: <i>7:10pm</i>	<i>8/26/2002</i>						
DRAIN ASSESSMENT		MEDICINES		PAIN		<i>7 Lower Back injury 2002</i>					
NURSES NOTES											
INT:											
SOCIAL HISTORY:		IS DICTATED		ROS	PHYSICAL EXAM		<i>OB/GYN</i>				
30 yrs, ex, and				DEMI <input checked="" type="checkbox"/>	Fully conscious, a/c pain						
Appropriate AB. Angina				GU <input type="checkbox"/>	Abdominal, pain						
2/26/2002 4pm <i>Chay</i>				GI <input type="checkbox"/>	in abdomen, abd.						
Complaints of low back pain,				COR <input type="checkbox"/>	upper back, neck						
low down left side				RESP <input type="checkbox"/>	front of neck, exp. pain						
low down left side				ENT <input type="checkbox"/>	other - May have						
ab 45 min.				MUSC <input type="checkbox"/>	ab - May, no						
				NERV <input type="checkbox"/>	in forearm						
				DENT <input type="checkbox"/>	Bite - low back pain						
						<i>Calligrin</i>					

500688.015.0130

FEB-26-2002 14:08
OONE MEMORIAL HOSPITAL

BIGONE MEMORIAL ER/RHC
MADIS WV 25130

304 369 1255 P.03/08

CHART COPY

EMERGENCY DEPARTMENT

Nursing Progress Notes

B RESULTS	CHEM 6	CK	CKMB	LDH	
HER	K+ = 7.56	165	URINALYSIS:	WBC 27	ABG
	Ca++ = 9.2	49.0	SG	RBC 22	pH / pCO ₂ / pO ₂
		29.7	CHEM	BACTERIA	
				NITRITE	

Discharge Instructions:		After discharge care sheet:	
Best Rest; Encourages and Allows Gastrointestinal function Peter Pan, May & Mayonnaise 4pm - 2pm		Course of Patient in Emergency Dept: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Unimproved <input type="checkbox"/> Expired	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Out 9' p
		Condition On Discharge: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	
		Disposition of Case: <input checked="" type="checkbox"/> Admitted <input type="checkbox"/> Transferred <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
REFERRED TO DR. _____ NAME _____		DIAGNOSTIC IMPRESSION:	
Chronic low Back Pain Cervicalgia Lumbargia Neurology			

CHARGE CONDITION <i>Pain</i>	DOCTOR SIGNATURE <i>John Doe, MD</i>							
ENT NO. 720076	MEDICAL RECORD NO. 000104551	FINANCIAL TYPE PEIA	REGION OTHER	MODE OF ARRIVAL		REGISTRATION DATE 02/25/02	TIME 18:46	REGISTERED BY WR
PATIENT NAME LESTER CHRISTOPHER WAYNE			AGE 30	BIRTH /71	SEX MALE	RACE WHITE	MARITAL STATUS MARRIED	SOCIAL SECURITY NO. 334
MAILING ADDRESS PO BOX 1113			COUNTY OF RESIDENCE BOONE		NOTIFY IN CASE OF EMERGENCY LESTER CHARLES(DAD)			RELATIONSHIP DEBT
HOME ADDRESS			HOME PHONE 304-369-6657		EMERGENCY CONTACT'S ADDRESS			STATE ZIP CODE
CITY DANVILLE	STATE WV	ZIP CODE 25053	ADMIT TYPE EMERGENCY	EMPLOYMENT DISABLED			PHONE	
PARENT'S NAME (IF MINOR)			ADMIT SOURCE EMER ROOM	MOTHER'S NAME (IF MINOR)				

500688.015.0131

FEB-26-2002 14:08

BOONE MEMORIAL ER/RHC

384 369 1255 P.04/08

BOONE MEMORIAL HOSPITAL - ER/RHC

Patient Name:	Christopher Lester	Arrived By:	Car
Addressograph:	SK	Triage Time:	6:44 AM 2/26/02
Date:		Allergies:	None
Family Physician:		Dr. Notified:	Snyder

TRIAGE

BP 140/74	T 98.7	P 68	Resp. Norm	Slow	Labored	Rapid	Apnea	Studier	Shallow	Wt. 295
Chief Complaint: not urinating esophage, eye going out old back injury,										

Wound Assessment (If applicable)



Onset: Friday	Pain Scale: 1 2 3 4 5 6 7 8 9 10	
Triage Level: Emergent	Urgent	Non-Urgent
Disposition: Waiting Room	Exam Room	Time:

Leslie J Richardson Triage Nurse Signature

ASSESSMENT

Color Normal	Pale	Dusky	Cyanotic	Moist	
Skin Warm	Dry	Hot	Cool/Cold	Clammy	
Breath Clear	Wheezing	Rales	Rhonchi		
Bounds: Diminished	Congested	Other:			
Mental Status: Alert	Oriented	Confused	Unresponsive	Lethargic	Combative
Mobility: Ambulatory	W/C Confined	Stretcher	Crawls	Unsteady Gait	Assistive Device

Daily Meds

Medication	Route/Freq.	Medication	Route/Freq.	Medication	Route/Freq.
Fexofenadine 150 mg	1-2x d	Nor triptilin 50 mg	1-2x d	Back	very
Hydroxyzine 50 mg	1-3x d	Fexofenadine 10 mg	1-3x d		
Oxycontin 40 mg	1-3x d				

Dates of Last Exams/Injections:

Mamo	Rectal Exam	Pneumonia	LMP
Pap/Pelvic	Tetanus 1999-01-13	PPD/Tine	Other:
Grav. Para	A	Up to Date	

Glasgow Coma Scale (GCS)																																																																
Adult		Pediatrics																																																														
Spontaneous	4	Eye Opening	Voice	5	Spontaneous	4	Pain	2	Voice	3	None	1	Pain	2	Obey	6	Motor Response	Localizes Pain	5	Norm. Spont. Movt.	6	Withdraws to Pain	4	Withdraws from touch	5	Flexion	3	Withdraws from Pain	4	Extensor	2	Abnormal Flexion	3	None	1	Abnormal Extension	2	Oriented	6	None	1	Confused	5	Verbal Response	Inappropriate	4	Cools, bubbles	6	Incomprehensible	3	Irritable/Cries	4	None	2	Cries to Pain	3		1	Moves to Pain	2			None	1
Voice	5	Spontaneous	4																																																													
Pain	2	Voice	3																																																													
None	1	Pain	2																																																													
Obey	6	Motor Response	Localizes Pain	5	Norm. Spont. Movt.	6	Withdraws to Pain	4	Withdraws from touch	5	Flexion	3	Withdraws from Pain	4	Extensor	2	Abnormal Flexion	3	None	1	Abnormal Extension	2	Oriented	6	None	1	Confused	5	Verbal Response	Inappropriate	4	Cools, bubbles	6	Incomprehensible	3	Irritable/Cries	4	None	2	Cries to Pain	3		1	Moves to Pain	2			None	1															
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Inappropriate	4	Cools, bubbles	6																																																													
Incomprehensible	3	Irritable/Cries	4																																																													
None	2	Cries to Pain	3																																																													
	1	Moves to Pain	2																																																													
		None	1																																																													

Health & Social History		P - Personal	F - Family
(Check all that apply)			
P	F	P	P
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	Heart Attack
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Artery Disease	Alcohol
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cancer	Tobacco
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High Blood Pres.	Drugs <i>clenbuterol</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke	Caffeine
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Other
Surgeries: <i>Leslie</i>			

Nurse Signature: *Leslie J Richardson*

FEB-26-2002 14:09

BONNE MEMORIAL ER/RHC
HEMATOLOGY

304 369 1255 P. 08/08

LAB IN	PATIENT NUMBER	DATE OF SERVICE	
	PATIENT NAME		
ROOM NUMBER	AGE	SEX	<input type="checkbox"/> OUTPATIENT
PHYSICIAN	<input type="checkbox"/> MEDI-OVER <input type="checkbox"/> MEDI-UNDER	<input type="checkbox"/> DPA <input type="checkbox"/> OTHER	DR. ROBERT HOSPITAL 701 BURLINGTON AVE. KIRKLAND, WA
102 20-047-74 TF	304-363-1234		

LAB OUT		
ORDERED BY:	WRITTEN BY:	
<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME		
DATE / TIME TO BE DONE	COLLECTED BY	DATE AND TIME
COMPLETED BY TECH	DATE AND TIME COLLECTED	

102 20-04744 MEDICAL - HOSPITAL
TF 701 Madison Ave.
304-365-1234 Madison, WI

204-363-1234

of Birth 1971 Sex M
located By KC Location TBC
located By JN Physician LOPREZ
Date & Time 2-25-02 20:00

		DIFF %	ABSOLUTE	HEMOCRIT
1	VOC	9.6		RBC 5.82
2 LESTER, CERISTOR	t			RDW 15.5
WBC 1	NE	58.3	5.6	HCT 49.0
	LY	23.1	2.0	HCV 86.1
3	92/25/82	NO	7.4	HCF 29.3
4	26.90/85	EG	4.1	MCV 33.7
5	903402	BA	1.1	MCRC 12.2
6	VOC Pop			PLT 354
7	RBC Pop			MPV 7.4
8	PLT Pop			

HOSPITAL VALUES			
WBC	4.8-10.8		x10 ³ /L
RBC	4.7-8.1	F	4.2-5.4 x10 ¹² /L
HGB	14-18	F	12-16 g/L
HCT	43-53	F	37-47 %
MCV	80-84	F	81-99 fL
MCH	27-31		fL
MCHC	32-36		g/dL
RDW	11.5-14.5		%
PLT	130-400		x10 ³ /L
MPV	7.6-10.4		fL
NEUT	40.7-81.5		%
BAND	0.6-0.9		%
LTS	16.8-44.4		%
MON	2.2-13.1		%
EOX	0.4-8.7		%
BAK	0.02-4		%
NEP	2.0-7.2		x10 ³ /L
LYM	0.7-3.5		x10 ³ /L
MON	0.2-1.0		x10 ³ /L
EOX	0.0-8.4		x10 ³ /L
BAK	0.0-0.3		x10 ³ /L

MANUAL DIFFERENTIAL %		MORPHOLOGY	
		1-SLIGHT 2-MOD 3-SEVERE	1 2 3
S segm	NEUTROPHIL		
BAND		AMBOCYTOSIS	
Lymphocyte		MICROCYTOSIS	
MONOCYTE		MACROCYTOSIS	
EOSINOPHIL		HYPCHROMIA	
Basophil		POLYCHROMASIA	
METAMYELOCYTE		POKALUCYTOSIS	
MYELOCYTE		DASOPHILIC STRIPING	
PROMYELOCYTE		TOXIC GRANULATION	
BLAST			
VARIENT LYMPHS			
	PLT POP		
	LARGE PLATELETS		
	PLT CLUMPS PRESENT		
PLT APPEARS	INCREASED		
	DECREASED		
	NORMAL		
AUTO DIFF. VERIF. PV			
MAN. DIFF. VERIF. BY			
		NUMBER	PERCENT
	PROTHROMBIN TIME	10.8-12.2 SEC.	Sec.
	APTT ACTIVATED PART THROMBOPLASTIN	23.7-38.3 SEC.	Sec.
	BTG. TIME	1-4 Min.	Min.
	CLOTTING TIME	6-4 Min.	Min.
WHITE BLOOD CELL COUNT	ADULT 8-11.5%		
	NEWBORN 2.5-4.0%		
RED. RATE	MALE > 50 TD = 1-15 MM/H > 50 TD = 1-71 MM/H		
	FEMALE > 50 TD = 1-24 MM/H > 50 TD = 2-71 MM/H		

COMPLETED BY

DATE AND TIME

COMMENTS:

COMMUNICATED

1

三

TOTAL = 80

500688.015.0133

FEB-26-2002 14:09

BOONE MEMORIAL ER/RHC

304 369 1255 P.06/08

25 Feb 02
20:08:27
PAGE 1

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON W.V. 25130

NAME: LESTER, CHRISTOPHER
PATIENT ID: 2-2602-2213
AGE: 30 years
DATE OF BIRTH: [REDACTED] 71
SEX: M
LOCATION: RHC
PAT. COMMENT:
SAMPLE COMMENT:
INST. CODES:

SAMPLE ID: 2-2602-2213
SAMPLE TYPE: Serum
DOCTOR: LOPEZ
DRAW DATE/TIME: Feb 25 02 7:49 Jm
RUN DATE/TIME: Feb 25 02 20:05
SEC/CUP/REP: 7/4

CHEMISTRY	RESULTS	UNITS	REFERENCE RANGE	REMARKS
Na	134.6	mmol/L	136.0 - 145.0	LOW
K	3.55	mmol/L	3.60 - 5.00	LOW
Cl	100.5	mmol/L	101.0 - 111.0	LOW
CO2	31.7	mmol/L	21.0 - 31.0	HIGH
GLU-	96	mg/dL	70 - 105	
BUN-	9	mg/dL	7 - 18	
DRE-	1.0	mg/dL	0.6 - 1.3	
Ca-	9.2	mg/dL	8.4 - 10.2	
CALCULATED VALUES	RESULTS	UNITS	REFERENCE RANGE	REMARKS
OSMOLALITY (1)	267.9	mOsm/L	* - *	
ANION GAP (2)	5.9		* - *	

2/25/02
Am

304 369 1255 P.05/08

FEB-26-2002 14:09

BOONE MEMORIAL ER/RHC

**Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results**

**ROUTINE URINALYSIS
REQUISITION AND CHARGE TICKET**

LAB IN		LAB OUT	
0720978 10053 DATE OF SERVICE LITTLE, CHRISTOPHER 2/25/02 PO 901 1113 369-6657		ORDERED BY:	WRITTEN BY:
DIAGNOSIS: E 081 26453 ON PATIENT 1340 165 30 771 PEL		<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREG <input type="checkbox"/> TIME	DATE AND TIME TO REDO: COLLECT BY: EN DATE AND TIME:
		COMPLETED BY TECHNICIAN	DATE AND TIME COLLECTED: 2/25/02
<input checked="" type="checkbox"/> Routine Urinalysis <input type="checkbox"/> Macroscopic Only		<input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> URINOID <input checked="" type="checkbox"/> CATH	LAB NO: 2002-2
Test Name	Results	Reference Range	Comments
Color:	Yellow		RBC/HPF
Appearance	Clear		WBC/HPF
Specific Gravity	1.020	1.010 - 1.020	Epithelial
pH	5.0	5.0 - 7.5	Cells HPF
Glucose	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Bacteria
Bilirubin	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Mucus
Ketone	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Crystals
Blood	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Casts/LPF
Protein	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Other
Urobilinogen	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	≤ 1.0	
Nitrite	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	<input type="checkbox"/> Menses
Leukocytes	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	<input type="checkbox"/> Cultured per protocol

ROUTINE URINALYSIS
CHART
BOONE MEMORIAL HOSPITAL, BOONE, WV

500688.015.0135

FEB-26-2002 14:07

BOONE MEMORIAL ER/RHC

304 369 1255

P.01/08

Boone Memorial Hospital

701 Madison Avenue Madison, West Virginia 25130 304-369-1230



EMERGENCY ROOM / RURAL HEALTH CLINIC
PHONE: 304-369-1230 EXT. 250
FAX: 304-369-1255

DATE: 2/26/02

TO: Madison Medical

Re: Christopher Lenter

ATTENTION: _____

FAX NUMBER: 369-1742

NUMBER OF PAGES 7 INCLUDING COVER SHEET

COMMENTS: _____

BOONE MEMORIAL HOSPITAL MADISON, WV 25130				OUTPATIENT / ER REGISTRATION FORM					
PATIENT	MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION	AGE	DATE OF BIRTH	SEX	MARITAL STATUS	TIME	REGISTERED
	1702701	000104551	COMMERCIAL	OTHER	4	7/1	MALE	09/05/01	20:37
PATIENT NAME LESTER CHRISTOPHER WAYNE				29		WHITE	MARRIED	WR 334	
MAILING ADDRESS PO BOX 1113			COUNTY OF RESIDENCE BOONE		NOTIFY IN CASE OF EMERGENCY ESTER CHARLES (DAD)			RELATIONSHIP P.F.T.	
HOME ADDRESS			HOME PHONE 304-369-6657		EMERGENCY CONTACT'S ADDRESS			STATE	ZIP CODE
CITY DANVILLE		STATE WV	ZIP CODE 25053	ADMIT TYPE EMERGENCY	EMPLOYMENT D & M TRUCKING			PHONE	
FATHER'S NAME (IF MINOR) LESTER CHRISTOPHER WAYNE				ADMIT SOURCE EMER ROOM	MOTHER'S NAME (IF MINOR)				
GUARANTOR'S NAME LESTER CHRISTOPHER WAYNE				PATIENT'S RELATIONSHIP TO GUARANTOR SELF		EMPLOYMENT STATUS FULL TIME	EMPLOYEE I.D. NO.		
GUARANTOR'S MAILING ADDRESS PO BOX 1113				GUARANTOR'S HOME PHONE 304-369-6657		EMPLOYER'S NAME D & M TRUCKING	EMPLOYER'S PHONE		
GUARANTOR'S HOME ADDRESS				GUARANTOR'S SOCIAL SECURITY NO. 233-15-3340		EMPLOYER'S LOCATION: STREET, CITY, STATE, AND ZIP CODE			
GUARANTOR'S CITY DANVILLE		STATE WV	ZIP CODE 25053-111009467	GUARANTOR NO.		NAME		SOCIAL SECURITY NO.	
GUARANTOR'S EMPLOYER'S NAME D & M TRUCKING				GUARANTOR'S EMPLOYER'S PHONE		ADDRESS		RES. PHONE	
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE						EMPLOYMENT		JOB PHONE	
PRIMARY INS. CO. NAME COMP/PRO FEE				POLICY HOLDER LESTER CHRISTOPHER W SR		INSURED RELATION SELF	POLICY NO. 233153340		
GROUP POLICY NAME COMP		GROUP POLICY NO. 2000046841		COMMENTS					
SECONDARY INS. CO. NAME COMP/UB				POLICY HOLDER LESTER CHRISTOPHER WAYNE		INSURED RELATION SELF	POLICY NO. 233153340		
GROUP POLICY NAME COMP		GROUP POLICY NO. 2000046841		COMMENTS					
TERTIARY INS. CO. NAME		POLICY HOLDER				INSURED			
GROUP POLICY NAME		GROUP POLICY NO.		COMMENTS					
MEDICARE NO.		MEDICAID NO.		LAST TT.		LMP	PARITY		WT.
ALLERGIES <i>N/A</i>									
REF COMPLAIN, INJ LT HIP									
R.M.D.	PVT M.D.	ER M.D. EVAL	TIME	BP	P	R	T	GCS	PAIN
IME NOTIFIED	Sgt. char	TIME NOTIFIED	TIME:	142	80	24	98.4		
JRSING ASSESSMENT	MEDICINES	PMH							
NURSES NOTES: <i>Explor. Lab, 61 Blancy, 1687 Low Back Injury.</i>									
INT									
PHYSICAL HISTORY: <input type="checkbox"/> DICTATED				PHYSICAL EXAM					
<p>29 yrs, w, male</p> <p>Complaints of left hip pain, put down in a common but right, very lame to walk from pain. No back injury. Bruise more.</p>				ROS	<p>DERM <input type="checkbox"/> Other, fully conscious, cutane-</p> <p>GU <input type="checkbox"/> Bruises more, tender on L. side more</p> <p>GI <input type="checkbox"/> Bullecta-</p> <p>COR <input type="checkbox"/> Grows L. R. very much</p> <p>RESP <input type="checkbox"/> Posterior, (L.)</p> <p>ENT <input type="checkbox"/> no other findings.</p> <p>MUSC <input type="checkbox"/></p> <p>NERV <input type="checkbox"/></p> <p>OPHTH <input type="checkbox"/></p>				

500688.015.0137

BOONE MEMORIAL HOSPITAL MAD. , N, WV 25130

EMERGENCY DEPARTMENT

Nursing Progress Notes

CHART COPY

MONITOR STRIP INTERPRET:

δ -RAY INTERPRET

EKG INTERPRET

AB RESULTS	CHEM 6	CK	CKMB	LDH	
OTHER			URINALYSIS:	WBC _____ RBC _____ SG _____ BACTERIA _____ CHEM _____ NITRITE _____	ABG pH / pCO ₂ / P

Discharge Instructions:

<i>Bart Jno, Constan Biddle</i>	Course of Patient In Emergency Dept:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Unimproved
<i>Constance Congress</i>	Condition On Discharge	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Fair
<i>John Mrs. Angeline John</i>	Disposition of Case	<input checked="" type="checkbox"/> Admitted	<input type="checkbox"/> Transferred

REFERRED TO DR.	NURSE SIGNATURE		DIAGNOSTIC IMPRESSION		Cortezian, Anna; 62 Digs					
DISCHARGE CONDITION	DOCTOR SIGNATURE		Low Back Pain							
PATIENT NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION	MODE OF ARRIVAL			REGISTRATION DATE	TIME	REGISTERED BY	
702701	00010455.1	COMMERCIAL	OTHER	AGE	DATE OF BIRTH	SEX	RACE	MARITAL STATUS	SOCIAL SECURITY NO.	
PATIENT NAME ESTER CHRISTOPHER WAYNE				29	/71	MALE	WHITE	MARRIED	334	
MAILING ADDRESS PO BOX 1113			COUNTY OF RESIDENCE BOONE	NOTIFY IN CASE OF EMERGENCY ESTER CHARLES (DAD)				RELATIONSHIP D.A.T		
HOME ADDRESS			HOME PHONE 804-369-5657	EMERGENCY CONTACTS ADDRESS				STATE	ZIP CODE	
CITY DANVILLE	STATE WV	ZIP CODE 25053	ADMIT TYPE EMERGENCY	EMPLOYMENT D & M TRUCKING				PHONE		

500688.015.0138

BOONE MEMORIAL HOSPITAL -- ER/RHC

Patient Name Chris Lester

Addressograph

Arrived By:	Car
Triage Time:	8:34 p.m.
Date:	9-5-01
Allergies:	NKA
Family Physician:	Snyder
Dr. Notified:	

TRIAGE

BP 144/72 T 98° PBO 24 Resp. Norm Slow Labored Rapid Apneic Stridor Shallow 295 Wt.

Chief Complaint: Fall last night on concrete & got C/D/C very lg, Bruised knee. Then C/D/C more & dark.

Wound Assessment (if applicable)



Onset: 9/4/01 80

Pain Scale:	1	2	3	4	5	6	7	8	9
-------------	---	---	---	---	---	---	---	---	---

Triage Level: **Emergency**

Urgent

Non-Urgent

Disposition

Exam Room

Time: 8:24

ASSESSMENT

Color	Normal	Pale	Dusky	Cyanotic	Moist
Skin	Warm	Dry	Hot	Cool/Cold	Clammy
Breath Sounds:	Clear Diminished	Wheezing Congested		Rales Other:	Rhonchi
Mental Status:	Aware	Oriented	Confused	Unresponsive	Lethargic
Mobility:	Ambulatory	W/C Confined	Stretcher	Crawls	Unsteady Gait
Daily Meds					Assistive Devic

Triage Nurse Signature

Dates of Last Exams/Injections:

Mamo	Rectal Exam <u>3/01</u>	Pneumonia <u>1/0</u>	LMP
Pap/Pelvic	Tetanus <u>year</u>	PPD/Tine <u>1/96</u>	Other:
Grav. Para A	Flu <u>7/99</u>	Up to Date <u>2</u>	

Glasgow Coma Scale (GCS)			
Adult			Pediatrics
Spontaneous	4	Eye Opening	Spontaneous
Voice	3		Voice
Pain	2		Pain
None	1		None
Obeys	6	Motor Response	Norm. Spont. Movmt.
Localizes Pain	5		Withdraws from touch
Withdraws to Pain	4		Withdraws from pain
Flexion	3		Abnormal Flexion
Extension	2		Abnormal Extension
None	1		None
Oriented	15	Verbal Response	Cools, babbles
Confused	4		Irritable/Cries
Inappropriate	3		Cries to Pain
Incomprehensible	2		Moans to Pain
None	1		None

Health & Social History		P - Personal F - Family	
(Check all that apply)			
P	F	P	F
<input checked="" type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	Heart Attack
<input checked="" type="checkbox"/>	Artery Disease	<input checked="" type="checkbox"/>	Alcohol
<input checked="" type="checkbox"/>	Cancer	<input checked="" type="checkbox"/>	Tobacco
<input checked="" type="checkbox"/>	High Blood Pres.	<input checked="" type="checkbox"/>	Drugs
<input checked="" type="checkbox"/>	Stroke	<input checked="" type="checkbox"/>	Caffeine
			Other:
Surgeries: <i>Explanted heart valve</i> P			

Nurse Signature:

15

500688.015.0139

*Capitol Neurology
415 Morris Street, Suite 100, Charleston, WV 25301
Phone: (304) 342-3891 Fax: (304) 342-5307*

05/22/2003

RE: *Lester, Christopher W*
Patient Number: 0000006180
Date of Birth: [REDACTED] / 1971

ASSESSMENT:

Partial Complex Seizures #345.4

No Driving Unless Seizure-Free for One Year

Obstructive sleep apnea

CPAP 14 cm H₂O

Please remove call intercept, so we can call you in the future!

No Show for follow-up visit: 05/22/2003

I just wanted to let you know that Christopher Lester did not attend their scheduled appointment. We will work with the patient and your office to reschedule.

A reservation fee (\$10 follow-up visit, \$30 new evaluation) may be required from the patient in the future, before scheduling appointments. This fee would be put towards charges for visits attended, and we hope would promote future attendance while defray costs associated with missed appointments.

If future appointments are not attended, we may be unable to assist in the care of this patient.

Best Regards,



Capitol Neurology Staff

CC: Christopher Lester

Dr. Snider

Printed on 05/22/2003 at 01:31 PM

500688.015.0141

**I.M.D., INC.
INDEPENDENT MEDICAL DOCTORS, INC.
4984 WASHINGTON STREET WEST
P.O. BOX 7573
CROSS LANES, WV 25356-0573
PHONE: 304-776-4771 FAX: 304-776-4592**

**DATE OF EVALUATION: 06-10-03
MAILED DATE: 07-15-03**

Bureau of Employment Programs
Workers Compensation Division
4700 MacCorkle Ave. SE
P.O. Box 431
Charleston, WV 25322-0431

ATTN: MARY RISK -PTD UNIT

PSYCHIATRIC PTD INDEPENDENT MEDICAL EXAMINATION FOR

PATIENT NAME: Christopher Lester

MAIN CLAIM NO: 2000046841

D.O.I.: 03-10-2000

S.S.NO.: [REDACTED] 3340

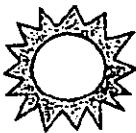
REPORT COMPLETED BY:

Ramesh C. Shah, MD. Psychiatrist

AND

Crystal Whittington, MA Licensed Psychologist

RECEIVED AUG 1 2 2003



SUNRISE PSYCHIATRIC SERVICES, INC.

313 MARKET ROAD
BECKLEY, WV 25801

PHONE (304) 254-9003

FAX (304) 254-9005

PSYCHIATRIC EVALUATION

Christopher W. Lester

DOE: 06-10-03

SSN: [REDACTED] 3340

DOB: [REDACTED]-71

CL: 20-46841

DOI: 3-10-00

LDW: 3-10-00

Employment Status: Not working

Employer: D & M Trucking/Ghent, WV

Marital Status: Married

Job Title: Truck driver

Ethnic origin: Caucasian

Parental status: Three children

Purpose: PTD Evaluation

Referral: IMD for WCD

IDENTIFYING INFORMATION:

Christopher Lester is a 31 year old, white, married male from Danville, WV.

CHIEF COMPLAINT:

"I have pain in my back, neck and left shoulder and my right leg gives out on me. I have partial incontinence."

MEDICAL HISTORY:

Non-work related: Mr. Lester had a motorcycle accident in 1986. He was hospitalized between 14-16 days with a concussion and fractured clavicle. He had a mild stroke in August of 2002 and seizures afterwards. He has sleep apnea.

Work related:

8-1-94: Anterior compression fracture of T11. Mr. Lester was off work for three years and received 11% PPD.

03-10-00: Mr. Lester fell from the back of a coal truck. He hit his head and was unconscious for 45 minutes or so. He also injured his left shoulder and neck. Cat scans were negative on his head, neck, and left shoulder. He has been diagnosed with lumber cervical and left shoulder sprains. He has been awarded 20% on an orthopedic basis and 10% on a psychiatric basis.

4-9-01: Mr. Lester began psychiatric treatment with Dr. Riaz. He had counseling with Kevin Adams, a supervised psychologist at Mari Sullivan Walker's office. Mr. Adams

RE: Christopher Lester
05-14-03

reported that Mr. Lester had borderline intellectual functioning. Dr. Riaz diagnosed Major Depressive Disorder, single episode, without psychotic features.

9-18-01: Dr. John Justice diagnosed Depressive Disorder, NOS. He rated Mr. Lester at 10% psychiatric PPD and said he was not disabled on a psychiatric basis for work or retraining.

01-8-01: Vass Vocational Rehabilitation closed Mr. Lester's file, as he did not wish to participate.

CURRENT MEDICATIONS:

Dr. Riaz prescribes Effexor XR, 150 mgs. BID and Trazodone, 100 mgs. at HS.

Dr. Reahl prescribes Topamax, 100 mgs., 2 in the am and 2 in the pm, and a C-Pap machine. Seizures are under control.

Dr. Snyder prescribes Lipitor, 20 mgs, Percocet, 5 mgs. TID prn, Vioxx, 25 mgs., 2 a day, and Flexeril, 10 mgs. TID.

HISTORY OF PSYCHOLOGICAL PROBLEMS:

Mr. Lester reported being depressed and anxious since the 3-10-00 injury. He's depressed all the time. He feels useless and helpless. He feels that he is worthless now. He had thoughts of suicide in the past, but no present plans. He said he'd gained 115 pounds since his injury. He has crying spells and sexual performance problems. He reported loss of enjoyment and interest in things and low energy. He has a nervous stomach, diarrhea frequently, he's restless, he worries about everything, and he has irritability and anger control problems. He said he's anxious and depressed. He stated, "Since I got hurt, I can't work or do the things I'd like to do. Sometimes I wonder why I'm even here."

Mr. Lester had previously had some marriage counseling in 1992, but this did not effect his work.

PERSONAL HISTORY:

Substance Abuse History:

Mr. Lester denied the use of alcohol or street drugs. He said he used to chew tobacco, but stopped. He has one cup of coffee a day. He drinks tea when he eats out.

Source of Household Income:

Mr. Lester receives social security disability benefits. His wife works.

Living Arrangements:

Mr. Lester and his wife lives in Danville, WV with their three children.

Daily Activities: